

10/6032

T 016032



March 16, 2005

Document Processing Desk 6(a)2
Office of Pesticide Programs
U.S. Environmental Protection Agency
Room 266A, Crystal Mall 2
1801 South Bell Street
Arlington, Virginia 22202-4501
Attn: 6(a)2 Administrator

*Copied for J. Chen 4/1/2005
especially for -011, -014, -015
-016, -019, and -020
W. Spurling*

RE: Section 6(a)2 filing

Dear 6(a)2 Administrator:

On behalf of Reckitt Benckiser Inc., Scientific & Regulatory Consultants, Inc. (SRC) is submitting the enclosed documents that contain alleged adverse effect incidents for the following product registrations listed below. Prosar is their principle gathering source for these incidents, (although occasionally, as included in this report, you may also see internal reports for infrequent calls/correspondence received directly at Reckitt Benckiser). SRC is acting on Reckitt Benckiser's behalf by assisting them in registration actions and their reporting requirements under the 6(a)(2) rule.

The products with adverse effect incidents for this report are:

Professional Lysol Disinfectant Spray (Crisp Linen Scent)
EPA Registration Number – (777-72-675)

d-Con Mouse Prufe II
EPA Registration Number – (3282-65)

d-Con Mouse Prufe
EPA Registration Number – (3282-65)

Lysol Brand Disinfectant All Purpose Cleaner
EPA Registration Number – (777-66)

Lysol Brand Disinfectant All Purpose Cleaner w/Bleach
EPA Registration Number – (777-83)

Lysol Disinfectant Spray (Country Scent)
EPA Registration Number – (777-72)

Professional Lysol Disinfectant Spray (Original Scent)
EPA Registration Number – (777-72-675)

Lysol Basin, Tub & Tile Cleaner Original
EPA Registration Number – (777-51)

Lysol Disinfectant Spray (Original Scent)
EPA Registration Number – (777-72)

Lysol Thick Toilet Bowl Cleaner
EPA Registration Number – (777-81)

Lysol Brand Sanitizing Wipes (Citrus)
EPA Registration Number – (777-68)

Lysol Brand Basin Tub & Tile Cleaner Aerosol (Original)
EPA Registration Number – (777-71)

Lysol Disinfectant Spray (Green Apple Breeze)
EPA Registration Number – (777-72)

Lysol Disinfectant Spray (Spring Waterfall)
EPA Registration Number – (777-72)

Lysol Brand Disinfectant All Purpose Cleaner (Island Breeze)
EPA Registration Number – (777-89)

Lysol Basin Tub & Tile Cleaner (Original)
EPA Registration Number – (675-55)

Lysol Disinfectant Spray (Crisp Linen Scent)
EPA Registration Number – (777-72)

Lysol Brand Mist Away Daily Shower Cleanser
EPA Registration Number – (777-66)

Lysol Brand Disinfectant All Purpose Cleaner (Lemon)
EPA Registration Number – (777-66)

The above incidents are being reported in compliance with 40 CFR § 159.184 and have been assigned the H-C severity classification. If there is any additional information needed, please feel free to contact me by e-mail at bmacdonald@srcconsultants.com or by phone at 260-244-6270.

Sincerely



Bob MacDonald
Consultant (SRC)
Agent for Reckitt Benckiser Inc.

Personal privacy information

- 002

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: [REDACTED]	Submission date:	Contact person (if different than reporter)	Internal ID 1-12339144
Administrative Data	Address: [REDACTED] <i>Houston Texas 77033</i>		Address:	
	Phone #: [REDACTED]		Phone #:	
	Incident Status: <i>New</i>	Location and date of incident <i>Houston Texas 2/3/2005</i>	Date registrant became aware of incident: <i>2/5/2005</i>	Was incident part of larger study? <i>No</i>
Row 2	EPA Registration # (Product 1) <i>3282-65</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 Name <i>d-Con Mouse Prufe II</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) <i>Own Residence</i>	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) <i>See Description Notes</i>	
Incident Circumstances	Applicator certified PCO? <i>Not applicable</i>	REVIEWED FOR 6(a)2 DATE: <u>3/9/05</u> INITIALS: <u>AM</u>		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description</i>			

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: 46 Years Sex: Male Occupation: (if relevant)	Exposure route: Unknown	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? DNQ	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). HCF	List signs/symptoms/adverse effects. Dermal Irritation/Pain - 24 hrs or less , Tingling - 24 hrs or less , Hypertension - 24 hrs or less		If lab tests were performed, list test names and results (If available, submit reports). None Reported
Exposure data: Amount of pesticide: Exposure duration: Weight: UNK			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-12339144

2/7/2005 6:21:59 PM EPA: 3282-65

Caller found her child with the box of product. Very little if any is missing. No green in mouth. Is asx.

A: - Unintentional, single, acute ingestions of less than 25 g of a 0.005% bait in the normal pediatric population have not been shown to lead to the development of significant symptoms. Rarely, minor prolongation of PT has been reported but in these cases no therapy was needed and significant bleeding did not occur.

- Observe the patient for the next 5-7 days for any evidence of the following:*
- Excessive or prolonged bruising*
- Small cuts that continue to bleed*
- Spontaneous nose bleeds*
- Blood in stool*
- If these occur, the child should be evaluated by a physician.*
- Cb prn.*

2/8/2005 1:48:20 PM Caller says she changed baby's diaper this morning, noted redness is stool. Passed off redness as food as child was eating berries(?) last night. Caller says she sees redness in stools this afternoon, says it is blood.

Referred caller to ED for further evaluation, treatment as blood in stool is a serious medical emergency. H&SS will follow-up tomorrow.

Emailed Lead Tox, Tox Staff

2/8/2005 1:59:48 PM Case reviewed.

2/9/2005 1:12:49 PM PROSAR CB

left message

2/10/2005 9:35:51 AM PROSAR CB

Unable to reach will attempt tomorrow.

2/11/2005 4:27:16 PM fast busy signal.

2/14/2005 2:07:45 PM Fast busy x 2 - Closing here.

2/15/2005 12:43:07 PM Privacy block: LM to cb on machine.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: 2 Years Sex: Male Occupation: (if relevant)	Exposure route: Unknown	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? DNQ	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). On-site	List signs/symptoms/adverse effects. Melena - 24 hrs or less		If lab tests were performed, list test names and results (If available, submit reports). None Reported
Exposure data: Amount of pesticide: Exposure duration: Weight: UNK			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-12344850

Personal privacy information

- 006

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1 Administrative Data	Reporter name: [REDACTED]	Submission date:	Contact person (if different than reporter)	Internal ID <i>1-12363010</i>
	Address: <i>Indianapolis Indiana</i>	Address:		
	Phone #: [REDACTED]	Phone #:		
	Incident Status: <i>New</i>	Location and date of incident <i>Indianapolis Indiana 2/13/2005</i>	Date registrant became aware of incident: <i>2/13/2005</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>3282-65</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)		A.I. (s)
	Product 1 Name <i>d-Con Mouse Prufe 1.5 oz. 2pack PB</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) <i>Own Residence</i> <div align="center">REVIEWED FOR 6(a)2 DATE: <i>3/9/05</i> INITIALS: <i>YJ</i></div>		Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) <i>See Description Notes</i>
	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description</i>			

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>9 Months</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Ingestion</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>DNQ</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects. <i>Rash - 30 min or less</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>None Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight: <i>11.3</i>			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
I-12363010